

**● PRINTER RUSH ●**  
**(PTO ASSISTANCE)**

Application :	Examiner :	GAU :	
From:	Location:	Date:	
Tracking #:		Week Date:	

10/074, 917      Koczo, Jr.      3746

JED      IDC FMF FDC      2-17-05

06057782      12-27-2004

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	3-09-2004	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claim 3 (original 23) depends on renumbered claim 3 (original 23).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,  
SEO

[XRUSH] RESPONSE: Claim 3 (original claim 23) depends on claim 2 (original claim 22). Claim 3 does not depend on claim 3. Please reanalyze.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIALS: JK

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04